

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>DECLARATION FOR UTILITY, DESIGN, DIVISIONAL AND CONTINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1.63)</b>	Express Mail No.	EL 948415236
	Attorney Docket Number	54084-33164
	First Named Inventor	Scheller
	<b>COMPLETE IF KNOWN</b>	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing  <input type="checkbox"/> Supplemental Declaration Submitted <input type="checkbox"/> Declaration Submitted for Continuation-In-Part Filing <input type="checkbox"/> Declaration Submitted for Divisional Filing	Application Number	Not yet assigned
	Filing Date	Not yet assigned
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SURGICAL INSTRUMENT CONSTRUCTED BY ELECTRIC DISCHARGE MACHINING

(Title of the invention)

the specification of which

☒ Is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Approved for use through 10/31/2002. OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **021898** OR ☐ Correspondence address below

Name **Joseph M. Rolnick**

Address **Thompson Coburn LLP, One US Bank Plaza, Suite 3500**

City **St. Louis**

State **MO**

ZIP **63101-9928**

Country **USA**

Telephone **314-562-6286**

Fax **314-552-7000**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Gregg D.**

Family Name or Surname **Scheller**

Inventor's Signature 

Date **6/12/02**

Residence: City **Wildwood**

State **MO**

Country **USA**

Citizenship **USA**

Mailing Address **17820 Suzanne Ridge Drive**

City **Wildwood**

State **MO**

ZIP **63038**

Country **USA**

NAME OF SECOND INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **Michael S.**

Family Name or Surname **Poulsen**

Inventor's Signature 

Date **6/12/02**

Residence: City **House Springs**

State **MO**

Country **USA**

Citizenship **USA**

Mailing Address **3525 Gravois Road**

City **House Springs**

State **MO**

ZIP **63051**

Country **USA**

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

Please type a plus sign (+) inside this box → 

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Express Mail No. EL 948415236

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	Not yet assigned
Filing Date	Not yet assigned
First Named Inventor	Scheller
Title	SURGICAL INSTRUMENT CONSTRUCTED BY ELECTRIC DISCHARGE MACHINING
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	54084-33164

I hereby appoint:

☒ Practitioners at Customer Number  
OR

021888 →

Place Customer  
Number Bar Code  
Label Here☐ Practitioner(s) named below.

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all  
business in the United States Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph M. Rolnicki #32653				
Address	Thompson Coburn LLP				
Address	One US Bank Plaza				
City	St. Louis	State	MO	Zip	63101-9928
Country	USA				
Telephone	314-552-6286	Fax	314-552-7000		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Gregg D. Scheller, President/CEO, Synergetics, Inc.
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple  
forms if more than one signature is required, see below.☒ Total of 1 forms are submitted.Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on  
the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC  
20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Express Mail No. EL948415236 US

PTO/SB/96 (08-00)

Approved for use through 10/31/2002. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**Assignee/Patent Owner: Gregg D. SchellerApplication No./Patent No.: Not yet assignedFiled/Issue Date: Not yet assignedEntitled: SURGICAL INSTRUMENT CONSTRUCTED BY ELECTRIC DISCHARGE MACHININGSynergetics, Inc., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %

In the patent application/patent identified above by virtue of either:

A. ☒ [X]

An assignment from the inventor(s) of the

patent application/patent identified above. The assignment  
was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for  
which a copy thereof is attached.

OR

B. ☐ [ ] A chain of title from the inventor(s), of the patent application/patent identified above, to the current  
assignee as shown below:

1. From \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

[ ] Additional documents in the chain of title are listed on a supplemental sheet.

[ ] Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document)  
must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be  
recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

6-11-02

Date

Gregg D. Scheller

Typed or printed name



Signature

President/CEO

Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on  
the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC  
20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.